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May 11, 2006

from **WILLIAM A. JIVIDEN**

Direct: 937-449-6448 / Fax 937-223-0724 / william.jividен@dinslaw.com

To:	Examiner Lois L. Zheng		
Firm:	MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS		
Fax Number:	571/273-8300		
Client Number:	UVD 0299 IA/40815.399		
Pages: (including cover)	60		
Comments:	OFFICIAL	OFFICIAL	OFFICIAL
Applicant(s)	: Phelps, et al.		
Serial No.	: 10/625,886		
Filed	: July 23, 2003		
Title	: NON-TOXIC CORROSION-PROTECTION RINSES AND SEALS BASED ON RARE EARTH ELEMENTS		
Docket No.	: UVD 0299 IA / UD 268		
Examiner	: L. Zheng		
Art Unit	: 1742		

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9374496405 T-363 P.002 F-211

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008, OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEES TRANSMITTAL For FY 2005		Application Number	10/625,886
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 23, 2003
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Andrew W. Phelps
260.00		Examiner Name	Lois L. Zheng
		Art Unit	1742
		Attorney Docket No.	UVU 0299 IA/LD 268

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account Deposit Account Number: _____ Deposit Account Name: _____				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17		<input type="checkbox"/> Credit any overpayments		

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

360 180

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimers (2)

Fees Paid (\$)

260.00

SUBMITTED BY		Registration No. 42,695	Telephone (937) 449-6400
Signature		(Attorney/Agent)	Date 05/11/2006
Name (Print/Type) William A. Jividen			

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**FEE TRANSMITTAL
For FY 2005**

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Filing Date	July 23, 2003
First Named Inventor	Andrew W. Phelps
Examiner Name	Lois L. Zheng
Art Unit	1742
Attorney Docket No.	UVD 0299 TA/UD 268

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	_____
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Provisional	200	100	0	0	0	0	_____

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fee Paid (\$)

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Other: Terminal Disclaimers (2)

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Signature		Registration No. (Attorney/Agent) 42,695	Telephone (937) 449-6400
Name (Print/Type)	William A. Jividen		Date 05/11/2006

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